



California State Board of Pharmacy
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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Licensing Committee Report

Members:

Susan Ravnan, PharmD, Chairperson
James Burgard, Public Member
Stan Weisser, RPh

LICENSING COMMITTEE REPORT AND ACTION

Report of the Licensing Committee Meeting of December 17, 2008

A. Report of the Licensing Committee Meeting Held December 17, 2008

1. INFORMATION ONLY - Emergency and Disaster Response Planning – Emergency Pharmaceutical Assistance Program

The California Department of Public Health recently shared with the board information about a federal government program intended to assist persons affected by disasters, who do not have any type of prescription drug coverage, to obtain necessary medication without charge from a local pharmacy while providing pharmacies with a method to recoup their expenses in providing medicine.

According to the California Department of Public Health, "This program could go a long way toward helping fill the identified in previous disasters where people without health insurance had to rely on community pharmacy to essentially give away medications and medical supplies. This program could also help manufacturers appropriately donate drugs without adding to the chaos."

2. INFORMATION ONLY – Formation of Subcommittee to Evaluate Drug Distribution with Hospitals

As you will remember, in late spring, the board identified 94 hospital pharmacies with recalled heparin still within the facilities, two to three months following the last recall. The board has cited and fined the hospital pharmacies and pharmacists-in-charge of these pharmacies. However, because many of these hospitals and PICs have appealed the citations and fines, board members cannot discuss the specific parameters of any of these cases without recusing themselves from voting on the specific case in the future should they be appealed to the Office of Administrative Hearings.

Nevertheless, the recall system is not working, and staff is pursuing identification of problems with the recall system with the California Department of Public Health, the California Society of Health-System Pharmacists, The California Hospital Association and the FDA. We are hoping to develop California-specific solutions.

President Schell established a two-board member task force to work with these agencies on ways to improve recalls, and other changes needed to provide for improved drug distribution and control within a hospital. The first meeting of this subcommittee is scheduled for March 2, 2009, at the Crowne Plaza Hotel in Irvine, California. The agenda will be posted on the board's Web site at least 10 days prior to this first meeting.

(As this topic bridges both enforcement issues and licensing issues, but may result in legislative changes identified that involve licensing issues, this task force was moved to the Licensing Committee. Pharmacy law dealing with hospital pharmacy has not been updated in years.)

3. **FOR INFORMATION – Update on the Coalition on Shortages of Pharmacists in Hospitals**

The California Hospital Association established a coalition whose mission is to create and lead a statewide coordinated effort to develop and implement strategic solutions to the shortage of non-nursing allied health professionals. This coalition is comprised of workforce committees, an advisory council and four workgroups. Board executive staff was invited to participate on the pharmacy services workgroup. The focus is on pharmacists and pharmacy technicians in the hospital setting.

This workgroup, comprised of staff and members of the California Hospital Association, the California Society of Health-Systems Pharmacists, a representative from academia, representatives from various hospitals and health systems as well as board staff, has met on at least three occasions. Based on the results of this workgroup as well as two others, it is the hope that the coalition will develop and implement solutions to eliminate barriers, foster collaboration among CHA member hospitals and health systems, promote a long-term vision for the allied health workforce in California and develop links with workforce partners and stakeholders.

During the first meeting, barriers to the profession for both pharmacists and pharmacy technicians were identified, however further discussion resulted in the group concluding that there is not a shortage of pharmacy technicians; rather it is a shortage of qualified pharmacy technicians. Subsequent meetings continue to further define the barriers as well as a ranking of the top barriers. Some of the barriers identified for pharmacists included a limited number of student slots for individuals looking to enter the profession, the pharmacist examination and reciprocity, losing potential candidates to other healthcare professions, e.g., medical school, and untested new schools of pharmacy. The most recent meeting focused on a draft issue statement.

Board statistics show that 2061 applicants took the board's examination between June 1, 2007 and July 31, 2008; 890 of those applicants were graduates of California Schools of Pharmacy.

We will continue to update the committee on the progress of the workgroup as well as any outcomes.

4. **FOR INFORMATION – Number of Intern Hours that Can Be Earned Outside a Licensed Pharmacy**

Under current law, an intern must possess 1,500 hours of intern experience under the supervision of a pharmacist before he or she can be made eligible to take the pharmacist licensure examinations.

More specifically, board regulations specify that a minimum of 900 hours of pharmacy experience must be earned under the supervision of a pharmacist in a pharmacy. The remaining 600 hours can be granted for experience under the supervision of a pharmacist substantially related to the practice of pharmacy, but not specifically within a pharmacy. California pharmacy students typically earn the 600 "discretionary" hours for school-required experiential training (clinical clerkship).

At the March 2006 Licensing Committee Meeting, pharmacy students from USC and other pharmacy schools presented a proposal requesting that the Board of Pharmacy amend its requirements that allow for an additional 400 hours (for a total of 1,000 hours of the required 1,500 hours required) which an intern can earn for pharmacy-related experience (under the supervision of a pharmacy) outside a pharmacy.

According to the students, opportunities for pharmacists have expanded beyond the traditional areas of community and hospital practice settings. Many students would like the opportunity to gain experience in the pharmaceutical industry, managed care, regulatory affairs and association management, but are unable to do so because they cannot earn intern hours for this experience, which impedes their experience as students and future development as pharmacists.

At the December 2006 Licensing Committee Meeting, pharmacy students provided a presentation highlighting the additional areas that interns could pursue if the intern hours experience requirement was more flexible. They cited statistics indicating the benefit that redirected students could provide to health care and that the proposal fits the board's mission.

Discussion at this meeting included a possible increase of 400 hours of the intern experience requirement, to total 1900 hours, to permit such additional experience. Discussion also included the need for students to thoroughly understand the workings of a pharmacy, and why such experience is so important to a pharmacist's future as a supervisor of pharmacy functions and personnel and that without a solid understanding and actual experience in such environments, pharmacists will have a difficult time because core experience in pharmacy is lacking.

At the conclusion of this meeting, the committee determined that it was premature to move forward with the students' proposal given that concurrent with this request, the Schools of Pharmacy in California were undertaking an initiative to establishing core competency assessment of basic pharmacy intern skills. (The ACPE guidelines detail the advanced pharmacy intern skills competencies.) At the request of UCSF, the board sent a letter supporting the results of the initiative.

The committee more recently discussed this topic at the June 2008 Licensing Committee Meeting. At that time the committee's recommendation was to table any action at this time to alter the intern hours' requirement. However, after the July 2008 Board Meeting, it was referred back to the Licensing Committee to further explore the issue.

During the December 2008 Licensing Committee Meeting, members of the committee again discussed where any changes should be made to alter the intern hours' requirement. The committee considered public comment both in support and opposed to this proposal. The committee did not take action on this item.

5. **FOR INFORMATION - Task Force to Evaluate Pharmacy Technician Qualifications**

During the last legislative cycle, the California Society of Health-System Pharmacists (CSHP) sponsored legislation to increase the requirements for an individual to become licensed in California as a pharmacy technician. This bill was pulled due to concerns expressed by key pharmacy stakeholders, with the intent of pursuing legislation again in 2009.

CSHP is sponsoring stakeholder meetings to elicit recommendations and comments to refine the proposal for next year. After the first stakeholder meeting on June 25, 2008, CSHP decided to first develop a proposal in concert with CPhA and based on direction from both associations' boards, further refine a proposal to pursue in 2009.

On December 4, 2008, CSHP sponsored another stakeholder meeting. Discussion at this meeting revealed that there is still disagreement within industry about what and if there is a problem with the current existing pharmacy technician qualifications requirements as well as whether the draft legislative proposal correctly addresses the minimum qualifications. CSHP indicated that they may move forward with their legislative proposal, but scale back the requirements to apply to only pharmacy technicians working in the inpatient setting.

During the Licensing Committee Meeting, the committee was advised that CSHP during the most recent stakeholder meeting earlier in the month, discussion involved the redraft of the proposal and, more specifically, the ratio requirement for the community pharmacy setting, as well as potentially limiting the proposal to hospital based or inpatient pharmacy technicians only.

During the NABP Annual meeting, a resolution was passed to establish a task force on standardized pharmacy technician education and training. This task force will assess and recommend revisions, if necessary, to language in *the Model State Pharmacy Act and Model Rules of National Association of Boards of Pharmacy*.

6. **FOR INFORMATION – Florida Rule Change Regarding the NAPLEX Examination**

Attachment 1

The board received notification that the Florida Board of Pharmacy recently amended its law which had required license transfer applications (by endorsement) to have passed the North American Pharmacist Licensure Examination (NAPLEX) within 12 years.

Applicants for licensure in Florida must meet all other Florida endorsement criteria before they can become eligible for licensure in that state.

Numerous state boards of pharmacy implemented restrictions or similar requirements for applicants utilizing a Florida license as the basis for seeking licensure in another state. NABP is encouraging all board's to review state requirements and laws that may warrant modification to support uniform licensure requirements.

Background

In 2003, as a result of the board's Sunset Review process as well as the completion of a review of the NAPLEX examination by a psychometric expert which determined the examination to be psychometrically sound, the board pursued a legislative change to alter the testing requirements for pharmacist licensure. As part of a negotiated agreement when the legislature considered this proposal in 2003, the law was written to include that the board would not accept any NAPLEX score that was earned prior to January 1, 2004.

Business and Professions Code section 4200 detailed the requirements for licensure in California as a pharmacist. The requirements include the following:

1. 18 years of age
2. Graduation from an ACPE accredited school or certification by the Foreign Pharmacy Graduate Examination Committee
3. 1500 hours of intern experience as specified
4. Passage of the NAPLEX and CPJE examination

7. **FOR INFORMATION – Competency Committee Report**

Each Competency Committee workgroup is scheduled to meet early in 2009 and will focus on examination development and item writing. Later on this year the committee will begin to develop a job survey to be used to complete an occupational analysis with the board's contracted psychometric firm. Pursuant to Business and Professions Code section 139, the board is required to complete an occupational analysis on a periodically which serves as the basis for the examination.

B. Summary of the Licensing Committee Meeting Held December 17, 2008

Attachment 2

Attachment 2 contains the meeting summary of the Licensing Committee Meeting of December 17, 2008.

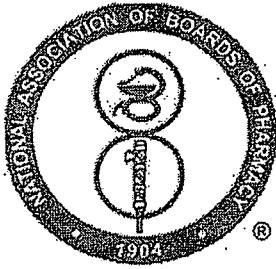
C. SECOND QUARTERLY REPORT ON LICENSING COMMITTEE GOALS FOR 2008/09

Attachment 3

Attachment 3 contains the second quarter's report of the Licensing Committee for 2008/09.

Attachment 1

Florida Rule Change Regarding the NAPLEX Examination

**National Association of Boards of Pharmacy**

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Web Site: www.nabp.net

nabp

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TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY
FROM: Neal S. Watson, Licensure Programs Manager
DATE: July 17, 2008
RE: Florida Board of Pharmacy Removes 12 Year Requirement for Reciprocity

The Florida Board of Pharmacy rescinded the 12 year law, which required license transfer applicants (by endorsement) to have passed the North American Pharmacist Licensure Examination (NAPLEX) within 12 years from the date the transfer application was filed with the Florida Board of Pharmacy. The governor of Florida signed the law making it effective June 23, 2008.

The law removes the 12 year cap for applicants who obtained licensure by passing the National Association of Boards of Pharmacy Licensure Examination or the NAPLEX after June 26, 1979. Applicants must meet all other Florida Board of Pharmacy endorsement criteria before they can become eligible for licensure in Florida. For further information and the Florida endorsement criteria, please visit www.doh.state.fl.us/mqa/pharmacy.

Numerous state boards of pharmacy implemented restrictions or similar requirements for applicants utilizing a Florida license (as the basis of transfer) to transfer their pharmacy license into another state. With the recent law change in Florida, NABP encourages your board to review your state's requirements and laws that may warrant modification to support uniform licensure requirements.

For a list, by state, of conditions that apply to applicants using a Florida license as the basis of transfer, please visit www.nabp.net/ftpfiles/NABP01/StateReqsandConditions.pdf.

If you have any questions, please contact me via e-mail at nwatson@nabp.net or via phone at 847/391-4400 or 1-800/774-6227. Thank you.

cc: NABP Executive Committee
Carmen A. Catizone, Executive Director/Secretary

Attachment 2

Summary of the Licensing Committee Meeting Held December 17, 2008



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STATE AND CONSUMERS AFFAIRS AGENCY
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ARNOLD SCHWARZENEGGER, GOVERNOR

**STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
LICENSING COMMITTEE
MINUTES**

DATE: December 17, 2008

LOCATION: Department of Consumer Affairs
Hearing Room, First Floor
1625 North Market Blvd.
Sacramento, CA 95834

**BOARD MEMBERS
PRESENT:** Susan L. Ravnan, PharmD, Chairperson
Kenneth Schell, PharmD, President
James Burgard, Public Member

STAFF PRESENT: Virginia Herold, Executive Officer
Anne Sodergren, Assistant Executive Officer
Kristy Schieldge, Senior Staff Counsel
Tina Thomas, Analyst

President Schell called the meeting to order at 9:30 a.m.

During the meeting, President Schell recognized board staff inspectors in attendance of the meeting, as well as past board member, Dr. Ruth Conroy.

1. Emergency and Disaster Response Planning

- *Request from San Diego County for Exemption to Distribute Prophylaxis Drugs to Emergency Response Staff Prior to a Declared Emergency*

In 2007, the board received a request from San Diego County to provide an unspecified number of up to 500,000 bottles of a 7-14 day dosing regimen of doxycycline or ciprofloxacin to first responders, that would be stored in their homes for their and their families' use, with the remainder being stored somewhere (unmentioned) else. The county was seeking an exemption from patient-specific labeling because it would be "difficult, if not impossible" to label these containers. This request was later withdrawn.

In September 2008, the board received a new request from San Diego County. This plan calls for Doxycycline 100mg #20 to be prescribed to approximately 100,000 First Responders and Critical Access Employees and their family members. Each prescription will be written by the Public Health Officer (a licensed California prescriber) and transmitted to a pharmacy for dispensing.

Following our September meeting, San Diego County was contacted and advised of the committee's request to appear in person at a committee meeting. In response, San Diego County submitted a letter seeking confirmation that this model satisfies the requirements in pharmacy law. The letter was provided in the committee meeting materials. Whereas budget restrictions prevented them from attending the committee meeting in December, representatives will attend the January Board Meeting to make this request directly to the board.

Dana Grau (California Dept of Health Services - Emergency Preparedness Office) explained that their office is involved with various projects, including response planning. He stated that their mission is to support and coordinate activities at the local level.

Dr. Grau provided background on the request by San Diego County. He explained the types of emergencies, specifically those of a bio-chemical terrorism nature, which would require dispensing of the general population within 48 hours of a catastrophe. Dr. Grau explained the "strategic national stockpile" and 12-hour push packages, as well as the type and quantity they provide in terms of pharmaceutical products. He further explained that CDH looked at first responders who will be primarily responsible for coordinating and dispensing the high volume of medications.

Dr. Grau indicated that medications are typically stored in the first responders' homes. He stated that the goal of San Diego County is to allow first responders access to needed prophylaxis, including their family members. Dr. Grau also noted that the intent is to provide those medications before the event is declared an emergency.

Dr. Grau stated that a trial program was conducted by the Center for Disease Control in St. Louis, Missouri three years ago. The test group was provided the emergency medications and were instructed how to store the medications in homes. The test group was thoroughly screened. Results were reviewed at the end of the program, reflecting 98% of the test group individuals complied with storage instructions.

Dr. Grau reiterated the request of San Diego County to include the families of the first responders. He stated that San Diego County representatives will be prepared to attend the full board meeting and answer questions at that time.

Board Comments:

President Schell asked if the test program in St. Louis was extended to the family members.

Dr. Grau responded that it was.

President Schell stated his concern over what to do with the medications once they are expired, as they can not be flushed or reused. He pointed out that the request for larger quantities of emergency prophylaxis drugs, due to the inclusion of family members, causes security issues for pharmacies, as well as questions by the general public over some individuals getting medications and others who are not.

Dr. Grau responded that a large piece of the planning involves how the information is disseminated. Additionally, a significant amount of planning time was involved in identifying modes of dispensing so that they can distribute the medication very rapidly by setting up specific dispensing units.

Virginia Herold, Executive Officer, questioned the quantity being requested. She noted that the request of 500,000 pills for the first responders is one-fifth of the population of San Diego County.

Dr. Grau responded that the DPH would need a more specific definition from San Diego County of who is a "first responder".

Ms. Herold referred to the public information piece. She asked if San Diego is developing that piece currently and if they will be modeling it after the program in St. Louis.

Dr. Grau responded that San Diego County is developing a public information piece and that they have completed quite a bit already with regards to the modes of dispensing.

Ms. Herold stated that it would be helpful to the board if that information was provided for the January 2009 Board Meeting. She also asked if the DPH supports San Diego County's program, specifically with regard to pre-emergency dispensing, as proposed currently.

Dr. Grau responded that they support the concept, but would like to review the specifics in collaboration with the board. He stated that it does look feasible.

Ms. Herold suggested that the DPH, San Diego County, and board members meet prior to the January 28, 2008 board meeting so a complete proposal is prepared to present to the board at that full board meeting. She added that they want to be supportive, but that the proposal is larger than has been requested in the past by a county. She reiterated her concern over the quantity of drugs being requested within the plan.

President Schell noted that further questions will be withheld for San Diego County to be able to respond to.

- *Emergency Pharmaceutical Assistance Program*

The California Department of Public Health recently shared information about a federal government program intended to assist persons affected by disasters, who do not have any type of prescription drug coverage, to obtain necessary medication without charge from a local pharmacy while providing pharmacies with a method to recoup their expenses in providing medicine.

According to the California Department of Public Health, "This program could go a long way toward helping fill the gap identified in previous disasters where people without health insurance had to rely on community pharmacy to essentially give away medications and medical supplies. This program could also help manufacturers appropriately donate drugs without adding to the chaos."

Dr. Grau added that this new program will close the gap between those who have public and private health insurance. The program is designed to assist those with no health insurance, and would involve screening by the American Red Cross in order to receive a 30-day supply of medication in direct response to an emergency in the area of their residence. Dr. Grau indicated that there appeared to be specific guidelines in place in regards to donations of pharmaceuticals by manufacturers, but that he has not received the details.

2. Formation of Subcommittee to Evaluate Drug Distribution Within Hospitals

Board staff is pursuing identification of problems with the recall system in conjunction with the California Department of Public Health, the California Society of Health-System Pharmacists, The California Hospital Association and the FDA. The board is hoping to develop California-specific solutions.

President Schell stated that he appointed a two-board member task force, himself and Robert Gaul, to work with these agencies on ways to improve recalls, and other changes needed to provide for improved drug distribution and control within a hospital.

President Schell stated that they will be working in concert with another committee already in existence in an attempt to address and evaluate the drug distribution in hospitals, and to ensure that the regulations in place are in concert with current practice. He added that the board recognizes that regulations can become outdated, and hopefully the committee will be able to align regulations with current practice where practice.

This topic bridges both enforcement issues and licensing issues, but because there may be a list of legislative changes identified that involve licensing issues, the task force has been moved to the Licensing Committee

Public Comments:

Steve Gray (Kaiser Permanente) stated that it would be helpful if the board would publish a list of topics that will be addressed in order to allow public to provide input. He noted that the topics, as listed, can be perceived as either very narrow or quite broad. Dr. Gray explained the current response process when a disaster occurs, and raised the question over what the hospital pharmacies, pharmacists, and others dispensing emergency medications are supposed to do with the drugs when they end up not being needed for the emergency as originally planned.

Bryce Docherty (California Society of Health-system Pharmacists (CSHP)) stated concern over the drugs as they leave the pharmacy, as well as within "the walls of the hospital setting", with relation to potential diversion. He stated that there are CSHP members who would be interested in joining the subcommittee if it is feasible.

3. Discussion Regarding Intern Hours That Can Be Earned Outside a Licensed Pharmacy

Under current law, an intern must possess 1,500 hours of intern experience under the supervision of a pharmacist before he or she can be made eligible to take the pharmacist licensure examinations.

More specifically, board regulations specify that a minimum of 900 hours of pharmacy experience must be earned under the supervision of a pharmacist in a pharmacy. The remaining 600 hours can be granted for experience under the supervision of a pharmacist substantially related to the practice of pharmacy, but not specifically within a pharmacy. California pharmacy students typically earn the 600 "discretionary" hours for school-required experiential training (clinical clerkship).

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According to the students, opportunities for pharmacists have expanded beyond the traditional areas of community and hospital practice settings. Many students would like the opportunity to gain experience in the pharmaceutical industry, managed care, regulatory affairs and association management, but are unable to do so because they cannot earn intern hours for this experience, which impedes their experience as students and future development as pharmacists.

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Discussion at this meeting included a possible increase of 400 hours of the intern experience requirement, to total 1900 hours, to permit such additional experience. Discussion also included the need for students to thoroughly understand the workings of a pharmacy, and why such experience is so important to a pharmacist's future as a supervisor of pharmacy functions and personnel and that without a solid understanding and actual experience in such environments, pharmacists will have a difficult time because core experience in pharmacy is lacking.

At the conclusion of the December 2006 meeting, the committee determined that it was premature to move forward with the students' proposal given that concurrent with this request, the Schools of Pharmacy in California were undertaking an initiative to establishing core competency assessments of basic pharmacy intern skills. (The ACPE guidelines detail the advanced pharmacy intern skills competencies.) At the request of UCSF, the board sent a letter supporting the results of the initiative.

The committee more recently discussed this topic at the June 2008 Licensing Committee Meeting. At that time the committee's recommendation was to table any action to alter the intern hours' requirement. However, after the July 2008 Board Meeting, it was referred back to the Licensing Committee to further explore the issue.

In June 2008, a letter was received from Landon Dean, a student from Loma Linda University. This letter was brought to the committee for consideration. Mr. Dean is suggesting modification to California Code of Regulations (CCR) section 1728. Mr. Dean's letter, minutes from this topic of the June 2008 Licensing Committee meeting, as well as a copy of CCR section 1728 are included in the committee meeting materials.

President Schell stated that he thinks there is room to have discussion with regards to extending intern hours earned outside a licensed pharmacy. He stated that this is a fairly broad topic but the committee will ultimately need to make some decisions.

Chairperson Ravnan noted she has read the proposal. She stated that it is important to recognize that the pharmacy setting is changing. She added that the 900 intern hours requirement within a pharmacy setting is minimal. She stated concern over decreasing the hours even more, and feels that the pharmacist interns may then not be fully prepared to practice in a pharmacy.

Jim Burgard stated his agreement with Chairperson Ravnan. He explained that he has been exposed to experts in the training profession. He stated that 900 hours of training may not be enough to place a pharmacist into their profession. Mr. Burgard added that he would be more inclined to add hours and require more exposure within the

pharmacy, and believes that a highly disciplined structure for training should be followed.

President Schell noted that he has read the proposal several times. He stated his support in extending pharmacy interns to be able to work and earn hours outside of the standard pharmacy setting. President Schell noted, however, that extending the hours would be a challenge to the education programs that exist currently. He indicated an issue with regard to facilities with coagulation services where, currently, intern hours cannot be earned. He stated that he does not agree with that, and it is one reason why he is in support of the proposal.

Public Comments:

Dr. Gray (Kaiser Permanente) recognized the sincerity of the Loma Linda student who proposed the language change in regulation. He stated that the language of the regulation, as proposed, should indicate that the intern hours are to be earned under direct supervision of a pharmacist. Additionally, training should be provided by a licensed pharmacist.

Dr. Gray also suggested additional changes in regulation language with regard to the 900 intern hours and how "in a pharmacy" relates to hospital practice and activities specific to pharmaceutical and hospital care. He gave an example of hospitals who now staff their emergency rooms with a licensed pharmacist on a 24-hour basis, and that would not be considered "in a pharmacy".

Dr. Gray discussed a prior accreditation standard proposed, which would require additional practical hours as part of their curriculum, and would be a burden to the pharmacy schools and students. He explained that schools of pharmacy responded by implementing a program to determine whether the additional knowledge had ultimately been gained by the additional proposed hours as intended. The program included an option to be exempt from the additional hours by taking a "challenge exam". Dr. Gray suggested requiring a similar program where students would demonstrate whether they had gained the knowledge as intended by completing the hours in another pharmacy-related setting rather than "within a pharmacy".

Barbara Sauer (UCSF School of pharmacy) stated her agreement with Dr. Gray that the practice of pharmacy is changing. She stated that she was responsible for much of the effort to develop the California Pharmacy Coalition, with the cooperation of the Board of Pharmacy, to meet the new accreditation standard.

Dr. Sauer stated that the coalition was underfunded, and underestimated the resources needed to develop a state-wide competency based exam. She added, however, that they were successful in adopting a document, a set of competencies that all pharmacists should be able to conduct, which is being used in the California schools of pharmacy. Dr. Sauer stated that UCSF is using the competencies to collect data and

determine what students are doing for their internship. Dr. Sauer stated that there are new accreditation standards which require schools of pharmacy to provide 1440 hours of advanced practice experience, and 300 hours of introductory practice experience to expand over the first three years of internship. She added that many schools count on the 900 hours within the pharmacy to support the nature of the experiential programs. Dr. Sauer indicated that there is a lot of experiential training within the school's curriculum, but not necessarily in the pharmacy setting. She encouraged the committee to review the regulations to clarify what must be done during internship and what "in a pharmacy" specifically means. She referred to the need for clarification relating to the accreditation standards as well.

Dr. Sauer stated that the schools of pharmacy have an ambitious goal, and that UCSF was not successful thus far in reaching theirs. She added that the schools of pharmacy will need to collaborate to create a set of competencies, as well as a competency exam, that will improve the quality of internship.

4. Update on the Coalition on Shortages of Allied Health Professionals – Workgroup to Address Shortages of Pharmacists in Hospitals

The California Hospital Association established a coalition whose mission is to create and lead a statewide coordinated effort to develop and implement strategic solutions to the shortage of non-nursing allied health professionals. This coalition is comprised of workforce committees, an advisory council and four workgroups. Board executive staff was invited to participate on the pharmacy services workgroup. The focus is on pharmacists and pharmacy technicians in the hospital setting.

This workgroup, comprised of staff and members of the California Hospital Association, the California Society of Health-Systems Pharmacists, a representative from academia, representatives from various hospitals and health systems as well as board staff, has met on at least three occasions. Based on the results of this workgroup as well as two others, it is the hope that the coalition will develop and implement solutions to eliminate barriers, foster collaboration among CHA member hospitals and health systems, promote a long-term vision for the allied health workforce in California and develop links with workforce partners and stakeholders.

During the first meeting, barriers to the profession for both pharmacists and pharmacy technicians were identified, however further discussion resulted in the group concluding that there is not a shortage of pharmacy technicians; rather it is a shortage of qualified pharmacy technicians. Subsequent meetings continue to further define the barriers as well as a ranking of the top barriers. Some of the barriers identified for pharmacists included a limited number of student slots for individuals looking to enter the profession, the pharmacist examination and reciprocity, losing potential candidates to other healthcare professions, e.g., medical school, and untested new schools of pharmacy. The most recent meeting focused on a draft issue statement.

Board statistics show that 2061 applicants took the board's examination between June 1, 2007 and July 31, 2008; 890 of those applicants were graduates of California Schools of Pharmacy.

Board staff will continue to update the committee on the progress of the workgroup as well as any outcomes.

Ms. Herold explained that this item is part of a subcommittee and integrates with other projects underway, including a strategic plan by the Department of Consumer Affairs to ensure an ongoing supply of practitioners within the healing arts. The California Hospital Association (CHA) is, however, not yet ready to present the report and its details. She stated that the group focused on the ongoing supply of pharmacists, not technicians, working in the hospital setting. The intent by CHA is for the report to be released in the near future.

Public Comments:

Dr. Gray (Kaiser Permanente) stated that he has not seen the report. He stated concern that the group may be looking at the issue in a very broad perspective. Specifically, the review should include barriers to lack of pharmacist care, as well as pharmacists. Dr. Gray explained the process for call centers in obtaining pharmacy approval on prescriptions, as well as the procedure for backup call centers when an overload in a pharmacy occurs. He stated concern over barriers being established for the call centers which would exacerbate the current shortage issue. Dr. Gray stated that he has been told that the hospital pharmacy shortage is currently worse than the nursing shortage. He noted that hospitals with 99 beds or less are still not required to have a pharmacist on staff, which reduces patient care. Dr. Gray noted that Oregon adopted regulations which require pharmacists to be licensed in Oregon if providing care to an Oregon resident, which is causing problems for them as well. Dr. Gray concluded by stating that California has to be open to ensuring quality of care by going outside of traditional thinking.

5. Update: Task Force to Evaluate Pharmacy Technician Qualifications

Chairperson Ravnan stated that, during the last legislative cycle, the California Society of Health-System Pharmacists (CSHP) sponsored legislation to increase the requirements for an individual to become licensed in California as a pharmacy technician. This bill was pulled due to concerns expressed by key pharmacy stakeholders, with the intent of pursuing legislation again in 2009.

Mr. Docherty (CSHP) gave a brief background on legislation they have sponsored to create requirements for technician licensure, which was pulled due to concerns expressed by key pharmacy stakeholders, with the intent of pursuing legislation again in 2009.

Mr. Docherty indicated that, since the last update to the committee and board, additional stakeholder meetings have occurred. He stated that the task force has been reestablished in order to move forward with recommendations and comments and refine the proposal for next year. At the most recent meeting earlier in the month, discussion involved the redraft of the proposal and, more specifically, the ratio requirement for the community pharmacy setting, as well as potentially limiting the proposal to hospital based or inpatient pharmacy technicians only.

Mr. Docherty stated that CSHP would be interested in comments from the board on the subject as they are considering moving forward. He stated that they have been unable to reach consensus within industry to strengthen the education and training requirements. Mr. Docherty emphasized that the training component in many facilities is not at the quality that it should be because of limited time by the pharmacists-in-charge. He summarized CSHP's concern over standardizing what the training is, as well as having pharmacy technicians responsible for maintaining their competencies on an ongoing basis in terms of continuing education.

Public Comments:

Dr. Gray (Kaiser Permanente) commended CSHP for creating a broad base of representatives to come together and discuss the issue. He referenced previous discussions of pharmacy students in relation to the skills needed in order to perform the functions in a particular setting "category". He suggested the need for higher standards for technicians who perform certain functions, regardless of the setting they work in. Dr. Gray stated that he hopes the board would consider regulations which address the functions conducted by technicians, rather than regulations being "setting-based". He stressed to the board the concept that technicians are valuable assistance to pharmacists who may not be practicing in a standard pharmacy setting.

Ms. Herold asked Mr. Docherty if the proposal is wholly supported by the hospital environment.

Mr. Docherty responded that they will be meeting with them separately. He noted that there was a hospital representative at their last stakeholder meeting. When the representative was asked what direction the hospitals take with regard to the policies in the pharmacy setting, her response was that they follow the direction of the pharmacist-in-charge. Mr. Docherty added that CSHP will continue to engage in conversations with the hospitals.

Ms. Herold asked if they are aware of any problems by the hospitals with the current proposal.

Mr. Docherty responded that they are unaware of any problems.

6. Florida NAPLEX Rule Change

Chairperson Ravnar stated that the board received notification that the Florida Board of Pharmacy recently amended its law which had required license transfer applications (by endorsement) to have passed the North American Pharmacist Licensure Examination (NAPLEX) within 12 years.

Applicants for licensure in Florida must meet all other Florida endorsement criteria before they can become eligible for licensure in that state.

Numerous state boards of pharmacy implemented restrictions or similar requirements for applicants utilizing a Florida license as the basis for seeking licensure in another state. NABP is encouraging all board's to review state requirements and laws that may warrant modification to support uniform licensure requirements.

Chairperson Ravnar explained that in 2003, as a result of the board's Sunset Review process as well as the completion of a review of the NAPLEX examination by a psychometric expert which determined the examination to be psychometrically sound, the board pursued a legislative change to alter the testing requirements for pharmacist licensure. Chairperson Ravnar indicated that, as part of a negotiated agreement when the legislature considered this proposal in 2003, the law was written to include that the board would not accept any NAPLEX score that was earned prior to January 1, 2004.

Business and Professions Code section 4200 detailed the requirements for licensure in California as a pharmacist. The requirements include the following:

1. 18 years of age
2. Graduation from an ACPE accredited school or certification by the Foreign Pharmacy Graduate Examination Committee
3. 1500 hours of intern experience as specified
4. Passage of the NAPLEX and CPJE examination

A memo from the NABP regarding the change in Florida's law as well as Business and Professions Code section 4200 were provided in the committee meeting materials.

7. Competency Committee Report

Chairperson Ravnar stated that each Competency Committee workgroup is scheduled to meet early in 2009 and will focus on examination development and item writing. She added that, later in the year, the committee will begin to develop a job survey to be used to complete an occupational analysis with the board's contracted psychometric firm. Pursuant to Business and Professions Code section 139, the board is required to complete an occupational analysis periodically, which serves as the basis for the examination.

8. Final report to the Legislature on the Impact of Requiring Foreign Graduates to Take Remedial Education After Failing the Pharmacist Licensure Examinations Four Times

Business and Professions Code (B&PC) section 4200.1 establishes a requirement in law that an applicant who fails either the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) or the North American Pharmacist Licensure Examination (NAPLEX) four times, must complete 16 units of pharmacy education prior to being eligible to take either examination again.

In addition, this section also requires the board to collect specified data and submit a report to the legislature detailing the findings. The reporting elements include:

- The number of applicants taking the examination and the number who fail the examination for the fourth time,
- The number of applicants, who after failing the examination for the fourth time, complete a pharmacy studies program in California or in another state to satisfy this requirement,
- To the extent possible, the school from which the applicant graduated, the school's location and the pass/fail rates on the examination for each school.

The report includes data from January 1, 2004 through July 1, 2008.

Chairperson Ravnar stated that the final report, which was sent to the legislature, is included in the committee meeting materials. She added that, based on the report findings discussed and a subsequent motion during the October Board meeting, board staff will seek legislation to repeal the sunset date in B&PC section 4200.1.

9. Establishment of Meeting Dates for 2009

The committee selected committee meeting dates for 2009.

10. Public Comment for Items Not on the Agenda

No public comment was provided.

The meeting was adjourned at 11:06 a.m.

Attachment 3

SECOND QUARTERLY REPORT ON LICENSING COMMITTEE GOALS FOR 2008/09

LICENSING COMMITTEE

Goal 2: Ensure the qualifications of licensees.

Outcome: Qualified licensees

Objective 2.1	Issue licenses within three working days of a completed application by June 30, 2011.							
Measure:	Percentage of licenses issued within three work days.							
Tasks:	1. Review 100 percent of all applications within 7 work days of receipt.							
	Apps. Received:				Average Days to Process:			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
	Pharmacist (exam applications)	462	337			20	9	
	Pharmacist (initial licensing)	507	512			4	2	
	Pharmacy Intern	702	643			11	10	
	Pharmacy Technician	2198	1837			26	29	
	Pharmacies	110	583			19	15	
	Non-Resident Pharmacy	23	26			24	20	
	Wholesaler	26	12			20	17	
	Veterinary Drug Retailers	1	1			14	0	
	Designated Representative	115	112			30	17	
	Out-of-state distributors	21	29			25	17	
	Clinics	27	18			32	30	
	Hypodermic Needle & Syringe Distributors	8	7			14	5	
	Sterile Compounding	15	12			14	14	
	Change of Permit	235	264			U/A	U/A	
	Pharmacist in Charge	246	445			26	26	
	Designated Representative in Charge	5	12			34	38	
	Discontinuance of Business	13	81			21	86	

2. Process 100 percent of all deficiency documents within five work days of receipt.

	Average Days to process deficiency:			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist (exam applications)	7	7		
Pharmacist (initial licensing)	7	7		
Pharmacy Intern	8	8		
Pharmacy Technician	8	10		
Pharmacies	15	14		
Non-Resident Pharmacy	20	17		
Wholesaler	14	14		
Veterinary Drug Retailers	14	0		
Designated Representative	10	14		
Out-of-state distributors	14	14		
Clinics	15	14		
Hypodermic Needle & Syringe	14	14		

3. Make a licensing decision within three work days after all deficiencies are corrected.

	Average Days to Determine to Deny/Issue License:			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist (exam applications)	1	1		
Pharmacist (initial licensing)	1	1		
Pharmacy Intern	1	1		
Pharmacy Technician	5	5		
Pharmacies	10	5		
Non-Resident Pharmacy	5	5		
Wholesaler	5	3		
Veterinary Drug Retailers	3	0		
Designated Representative	2	2		
Out-of-state distributors	5	3		
Clinics	5	5		
Hypodermic Needle & Syringe	3	2		

4. Issue professional and occupational licenses to those individuals and firms that meet minimum requirements.

	Licenses Issued:			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist	526	504		
Pharmacy Intern	652	651		
Pharmacy Technician	2,008	1,695		
Pharmacies	121	542		
Non-Resident Pharmacy	16	27		
Wholesaler	14	9		
Veterinary Drug Retailers	0	0		
Designated Representative	97	126		
Out-of-state distributors	13	18		
Clinics	28	9		
Hypodermic Needle & Syringe	4	7		
Sterile Compounding	17	27		

5. Withdrawn licenses to applicants not meeting board requirements.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacy Technician	0	0		
Pharmacies	0	1		
Non-Resident Pharmacy	0	1		
Clinics	0	0		
Sterile Compounding	0	0		
Designated Representative	0	5		
Hypodermic Needle & Syringe	0	0		
Out-of-state distributors	0	5		
Wholesaler	0	1		

6. Deny applications to those who do not meet California standards.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacy Technician	8	11		
Pharmacies	0	0		
Non-Resident Pharmacy	0	0		
Clinics	0	0		
Sterile Compounding	0	0		
Designated Representative	1	0		
Hypodermic Needle & Syringe	0	0		
Out-of-state distributors	0	0		
Wholesaler	0	0		

7. Responding to e-mail status requests and inquiries to designated e-mail addresses.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist/Pharmacist Intern	1055*	901		
Pharmacy Technicians	747*	876**		
Site licenses (pharmacy, clinics)	625	695		
Site licenses (wholesalers, nonresident pharmacies)	516	1056		
Pharmacist in Charge	***	91		
Renewals	238	210		

8. Responding to telephone status request and inquiries.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist/Pharmacist Intern	94*	101**		
Pharmacy Technicians	69*	67		
Site licenses (pharmacy, clinics)	76	103		
Site licenses (wholesalers, nonresident pharmacies)	126	155		
Pharmacist in Charge	***	12		
Renewals	12	U/A		

* E-mail and voicemail status requests for pharmacist, pharmacist intern and pharmacy technician were suspended from 8/8/08-9/8/08 to allow board staff time to focus on processing applications and issuing licenses. E-mail status requests for pharmacist, pharmacist intern and pharmacy technician were suspended from 10/2/08 to 10/20/08 to allow board staff time to focus on processing applications and issuing licenses.

** E-mail/Voicemail on hold 10/4/08 - 10/20/08

*** Included in sites (PHY, CLN)

Objective 2.2	Cashier 100 percent of all revenue received within two working days of receipt by June 30, 2011.																																																																														
Measure:	Percentage of revenue cashiered application within 2 working days.																																																																														
Tasks:	<table> <tr> <th rowspan="2"></th><th colspan="4">Revenue Received:</th><th colspan="4">Average Days to Process:</th></tr> <tr> <th>Qtr 1</th><th>Qtr 2</th><th>Qtr 3</th><th>Qtr 4</th><th>Qtr 1</th><th>Qtr 2</th><th>Qtr 3</th><th>Qtr 4</th></tr> <tr> <td>Applications</td><td>471,599</td><td>668,139</td><td></td><td></td><td>2-3</td><td>2-3</td><td></td><td></td></tr> <tr> <td>Renewals</td><td>2,297,253</td><td>1,529,994</td><td></td><td></td><td>2-3</td><td>2-3</td><td></td><td></td></tr> <tr> <td>Cite and Fine</td><td>359,300</td><td>247,225</td><td></td><td></td><td>2-3</td><td>2-3</td><td></td><td></td></tr> <tr> <td>Probation/ Cost Recovery</td><td>23,397</td><td>47,193</td><td></td><td></td><td>2-3</td><td>2-3</td><td></td><td></td></tr> <tr> <td>Request for Information/ License Verification</td><td>3,390</td><td>4,750</td><td></td><td></td><td>2-3</td><td>2-3</td><td></td><td></td></tr> <tr> <td>Fingerprint Fee</td><td>17,208</td><td>17,529</td><td></td><td></td><td>2-3</td><td>2-3</td><td></td><td></td></tr> </table>									Revenue Received:				Average Days to Process:				Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Applications	471,599	668,139			2-3	2-3			Renewals	2,297,253	1,529,994			2-3	2-3			Cite and Fine	359,300	247,225			2-3	2-3			Probation/ Cost Recovery	23,397	47,193			2-3	2-3			Request for Information/ License Verification	3,390	4,750			2-3	2-3			Fingerprint Fee	17,208	17,529			2-3	2-3		
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Objective 2.3	Update 100 percent of all information changes to licensing records within five working days by June 30, 2011.																																																												
Measure:	Percentage of licensing records changes within five working days.																																																												
Tasks:	<table> <tr> <th rowspan="2"></th><th colspan="4">Requests Received:</th><th colspan="4">Average Days to Process:</th></tr> <tr> <th>Qtr 1</th><th>Qtr 2</th><th>Qtr 3</th><th>Qtr 4</th><th>Qtr 1</th><th>Qtr 2</th><th>Qtr 3</th><th>Qtr 4</th></tr> <tr> <td>Address/Name Changes</td><td>1,922</td><td>1,446</td><td></td><td></td><td>2</td><td>3</td><td></td><td></td></tr> <tr> <td>Discontinuance of Businesses</td><td>13</td><td>81</td><td></td><td></td><td>21</td><td>86</td><td></td><td></td></tr> <tr> <td>Off-site Storage Applications (approved)</td><td>18</td><td>41</td><td></td><td></td><td>30</td><td>30</td><td></td><td></td></tr> <tr> <td>Transfer of Intern Hours to Other States</td><td>28</td><td>31</td><td></td><td></td><td>30</td><td>30</td><td></td><td></td></tr> </table>									Requests Received:				Average Days to Process:				Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Address/Name Changes	1,922	1,446			2	3			Discontinuance of Businesses	13	81			21	86			Off-site Storage Applications (approved)	18	41			30	30			Transfer of Intern Hours to Other States	28	31			30	30		
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Objective 2.4	Implement at least 25 changes to improve licensing decisions by June 30, 2011.
Measure:	Number of implemented changes.
Tasks:	<ol style="list-style-type: none"> <p>Determine why 26 states do not allow the use of a CA license as the basis for transfer a pharmacist license to that state.</p> <p><i>Jan. 2007: Survey of some states indicate misunderstanding of why California cannot accept NAPLEX scores earned before January 1, 2004. Educational efforts, on a state by state basis, initiated.</i></p> <p><i>March 2007: Pennsylvania agrees to accept California NAPLEX scores.</i></p> <p><i>May 2007: At National Association of Boards of Pharmacy meeting several states agree to reconsider their position against accepting California scores.</i></p> <p>Evaluate the drug distribution system of clinics and their appropriate licensure.</p> <p>Work with the Department of Corrections on the licensure of pharmacies in prisons.</p> <p><i>June 2007: Meet with the Department of Corrections Receiver to discuss possible regulatory structures for drug dispensing and distribution within correctional facilities.</i></p> <p><i>Oct. 2008: Staff meet with Department of Corrections staff to develop regulatory structure for prisons.</i></p> <p><i>Dec. 2008: Met with receiver for Correctional facilities to discuss regulatory structure.</i></p> <p>Work with local and state officials on emergency preparedness and planning for pandemic and disasters. Planning to include the storage and distribution of drugs to assure patient access and safety.</p> <p><i>Sept. 2006: Committee hears presentation by DHS on emergency preparedness.</i></p> <p><i>Oct. 2006: Presentation by Orange County and LA emergency response staff at NABP District 7 & 8 meeting. Board meeting has presentation by DHS and board develops policy statement for licensees in responding to declared emergencies.</i></p> <p><i>Jan. 2007: Board publishes disaster response policy statement.</i></p> <p><i>Feb. & March 2007: Board attends seven-day DHS-hosted training session on surge emergency response as part of the state's disaster response.</i></p> <p><i>April - June 2007: Board continues to participate in SURGE planning activities and in a joint public/private partnership project envisioned by the Governor.</i></p> <p><i>June 2007: Board staff aids in contract evaluation to select a consultant to provide pre-emergency registration of health care providers.</i></p> <p><i>Sept. 2007: Board attends Rough & Ready Demonstration in Orange County.</i></p> <p><i>Oct. 2007: Board considers legislative proposal to license mobile pharmacies for deployment during declared disasters.</i></p> <p><i>Staff resume attendance at ESAR VHPs meeting of EMSA.</i></p> <p><i>Board activates disaster response policy to allow rapid response to patients affected by California wild fires. Use of subscriber alerts proves effective in conveying board messages to licensees in effected areas.</i></p> <p><i>Dec. 2007: Committee hears presentations on emergency preparedness by California Department of Public Health, L.A. County and Orange County emergency response offices.</i></p> <p><i>Focus continues on getting pharmacists prescreened and registered for disaster response. Discussion also includes lessons learned during California wild fires, ESAR-VHPS, renamed California medical volunteers, readied for widespread promotion by January 1, 2008 by EMSA.</i></p>

	<p>Oct. 2008: <i>Licensing Committee reviewed a revised request from San Diego County for an exemption of first responders and families. The Committee requested board staff send a letter to San Diego County expressing concerns and requesting attendance at a future committee meeting. Committee was advised ESAR-VHPS was renamed to Disaster Healthcare Volunteers of California.</i></p> <p>Jan. 2009: <i>Board hears presentation from San Diego County on proposal.</i></p> <p>5. Evaluate the need to issue a provisional license to pharmacy technician trainees.</p> <p>6. Evaluate use of a second pharmacy technician certification examination (ExCPT) as a possible qualifying route for registration of technicians.</p> <p>Sept. 2006: <i>Committee hears presentation on ExCPT exam approved for certification of technicians by five states. Committee directs staff to evaluate exam for possible use in California.</i></p> <p>Dec. 2006: <i>DCA recruiting for Chief of Examination Resources Office; review postponed. Additional methods to accomplish review considered.</i></p> <p>March 2007: <i>DCA recruiting for Chief of Examination Resources Office; review postponed. Additional methods to accomplish review considered.</i></p> <p>May 2007: <i>Board seeks private contractor to evaluate both ExCPT and PTCB exams for job validity.</i></p> <p>Sept. 2007: <i>Board required to check with other state agencies to ensure that state-employed PhD psychometricians are not able to perform this review before the board can contract for services. Committee recommends delay until CSHP and CPhA complete their review of pharmacy technician training and knowledge.</i></p> <p>Oct. 2007: <i>Board postpones work on this topic until CSHP and CPhA complete their review.</i></p> <p>7. Review requirements for qualifications of pharmacy technicians with stakeholders</p> <p>4th Qtr. 07/08: <i>Future work on the training of technicians will occur as joint activities of the pharmacist associations.</i> <i>Legislation to require an exam and continuing education for pharmacy technicians is dropped (AB 1947)</i> <i>Board participates in CSHP sponsored stake holder meeting.</i></p> <p>2nd Qtr. 08/09: <i>Board Executive Officer participated in a meeting with CPhA and CSHP to provide technical advise on proposed legislation to be introduced next year. Attend CSHP sponsored stakeholder meeting.</i></p>
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	<p>8. Implement the Department of Consumer Affairs Applicant Tracking System to facilitate implementation of I-Licensing system, allowing online renewal of licenses by 2008. <i>July 2006: Board executive officer becomes executive sponsor of program.</i> <i>Nov. 2006: Board completes system identification of parameters for each licensing program.</i> <i>Dec. 2006-Jan. 2007: Preparatory work and pilots completed; Board Staff initiates transfer to ATS system as sole platform for applicant tracking for all licensing programs.</i></p> <p>9. Participate with California's Schools of Pharmacy in reviewing basic level experiences required of intern pharmacists, in accordance with new ACPE standards. <i>3rd Qtr 06/07: Board attends 3 day-long working sessions convened by California's schools of pharmacy to develop list of skills students should possess by end of basic intern level experience (about 300 hours).</i> <i>Oct. 2007: Board considers basic internship competencies developed under the program and develops letter of support.</i> <i>Oct. 2008: California Pharmacy Council meets to discuss Intern requirements.</i></p> <p>10. Implement new test administration requirements for the CPJE. <i>March 2007: Board advised about new exam vendor for CPJE effective June 1, 2007. Board notifies all CPJE eligible candidates of pending change, advises California schools of pharmacy graduating students and applicants in general.</i> <i>June 2007: Shift to new exam vendor, PSI, takes place. New Candidates Guide is printed and distributed. Some transition issues to new vendor exist and are being worked on.</i> <i>Oct. 2007: Transition efforts to PSI continue.</i> <i>2nd Qtr. 07/08: Transition efforts to PSI continue.</i> <i>3rd Qtr. 07/08: New security procedures put in place and corresponding revisions to the Candidates' Guide are published and released.</i></p> <p>11. Participate in ACPE reviews of California Schools of Pharmacy. <i>Oct. 2007: Board participates in review of California Northstate College of Pharmacy.</i> <i>Jan. 2008: Board participates in review of UCSF.</i> <i>March 2008: Board participates in review of Touro.</i></p> <p>12. Initiate Review of Veterinary Food Animal Drug Retailer Designated Representative Training. <i>Sept. 2007: Licensing Committee initiates review of training requirements for Designated Representatives and notes problems with unavailability 40-hour course specified in board regulations.</i> <i>Oct. 2007: Board evaluates options for training of designated representatives.</i> <i>Sept. 2008: Licensing Committee hears testimony regarding program.</i></p> <p>13. Convene Committee to evaluate drug distribution within hospitals. <i>2nd Qtr. 08/09: Executive Officer presents information at CSHP Seminar on failure of the recall system to remove Heparin from nearly 20% of California hospitals months after recall.</i> <i>3rd Qtr. 08/09: Board establishes subcommittee to initiate review.</i></p>
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